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ON THE TREATMENT OF DELIRIUM TREMENS.

BY JOHN WARE, M.D.

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In some remarks on delirium tremens, which were published among the communications of the Massachusetts Medical Society a few years since, and which were founded exclusively on cases which had occurred under my own observation, I expressed the opinion that this disease was not capable of being arrested in its course by treatment—that the paroxysm of watchfulness and delirium was not shortened by remedies, but would continue a certain time, and then arrive at a spontaneous termination either in death or recovery—and that opium, so far from exercising, as many have supposed, a favorable influence on the event, served rather to increase than diminish the mortality.

The opinions then expressed were not founded upon any strict or analytical examination of the cases referred to, but were simply the result of the general impressions which are left upon the mind of the practitioner, by the observation of disease, as it presents itself in the routine of ordinary practice. I am fully sensible of the cautious reliance which should be placed on results which have been thus obtained, and it seemed, therefore, desirable to inquire how far these opinions would be confirmed by a more strict examination of the cases on which they were founded.

Such an inquiry has accordingly been made, and the results I now lay before the Society. Since the publication of the paper alluded to, a few cases of delirium tremens have fallen under my care, and these have been included in the examination. Other cases, on the contrary, which were then referred to, have been now rejected. The objects of that paper embraced a general history of this peculiar delirium, whether occurring in a distinct paroxysm or only as a transient symptom in the course of other diseases. I have now only included those cases in which the delirium presented itself in the form of a regular paroxysm. I have also excluded thirty-one cases which occurred under my care at the Boston Almshouse, as I have no notes of their history or treatment, but merely of the event of each case.

The number of cases in private practice was 69, occurring during a period of about twenty years. Of these cases 63 occurred among males, and 6 among females. The whole number of deaths was 11—all the fatal

cases were of males. Of 31 cases at the Almshouse, 5 were fatal. The ratio of mortality in all the cases was thus very nearly the same.

1. Eight cases were treated by *large doses* of opium, given with the intention of bringing about a termination of the paroxysm by sleep. The quantity administered varied, in different cases, from 24 to 72 grains, and it was usually given in the course of 48 hours. Four of these cases proved fatal. One died after sleep had been procured, the patient never awaking after the full effect of the remedy had been produced, but expiring in a state of coma. The remaining three died without having slept. Neither of these eight patients was bled. One of them was the subject of a severe acute disease, dysentery, in the course of which delirium tremens supervened; this was a fatal case. The others, so far as could be ascertained, labored only under such general symptoms of disorder as are common to those made sick by intemperance, or some such chronic ailment as is frequent among persons of those habits, and could not be supposed to influence the course or event of the delirium. In the cases which recovered, restoration to health took place speedily and completely after sleep had taken place.

2. Seven cases were treated by *small doses* of opium, or opium given in such manner and quantity as not to have a distinct and powerful influence in the procuring of sleep, the quantity not exceeding two or three grains in twenty-four hours. Two of these patients died, both without having slept. One was laboring under severe peripneumony when attacked by delirium tremens—this case was fatal. One patient was bled, and this was one of the favorable ones.

3. Twelve cases were treated principally by repeated and continued vomiting, according to the mode of practice recommended by Dr. Klapp, of Philadelphia. Tartarized antimony was chiefly relied on for this purpose, but in a few cases the sulphate of copper and ipecacuanha were substituted, with no apparent difference in the effects of the treatment. Two of these patients labored under severe disease, one of the brain, and one of the cellular membrane around the knee-joint. The former died, the latter recovered. One patient was bled, and this recovered. Of the whole number, one died.

4. In two patients a single copious bleeding from the arm was the only remedy employed, and in both the disease speedily gave way.

5. In nine cases the mode of practice was what may be termed, for convenience of distinction, Eclectic. The treatment was adapted to the prominent symptoms in each patient, having regard, in its application, rather to the general character of the case and the indications of derangement in particular organs, than to the presence of the peculiar affection of the brain which constitutes delirium tremens. Of course, a large proportion (seven) of these cases, were decided cases of acute local disease, and were treated by the usual remedies. Five of the nine were bled; and of these, two died. Of the whole nine, three died, all of them being cases of peripneumony.

6. One case, in which the delirium accompanied erysipelas of the face and head, was treated by large doses of the sulphate of quinine. This recovered.

7. One case was treated by mercurials—salivation occurred, and the patient recovered.

8. In 29 cases the mode of treatment was what may be properly denominated Expectant. It is not intended to imply, however, that no remedies were administered. At the commencement of many of them active measures were employed for a short period. Thus some were bled, some leeched, to some an emetic was given, several were blistered upon the neck, and all were more or less subjected to the operation of cathartics. Besides these remedies at the outset, various articles were administered in the course of the several cases, but usually of an inefficacious character, or in such doses as probably to have had no influence on the course of the disease. For example, small doses of spir. ether nit., liq. ammon. acet., tinct. hyoscyam., ext. conii., tinct. humuli, tinct. valerian, tinct. assafetid., and various other medicines, were administered, but from the amount and efficacy of the substances thus taken, no physician, acquainted with their power, would for a moment suppose them to have had any control over the disease.

All these cases were free from combination with acute disease, with one exception; in this there was inflammation of the arachnoid membrane of the brain, as determined by dissection. This was fatal. Four patients were bled, and all of them recovered. Of the whole number 29, one died.

The results of the different methods of treatment will be more readily compared, if they are thrown together into a tabular form.

Treatment.	No. Cases.	Bled.	Died.	Recovered.	Complicated with Acute Disease.
Opium, large doses	8	0	4	4	1
" small	7	1	2	5	1
Emetics - - - -	12	1	1	11	2
Bleeding - - - -	2	2	0	2	0
Eclectic - - - -	9	5	3	6	7
Quinine - - - -	1	0	0	1	1
Mercurials - - -	1	0	0	1	0
Expectant - - - -	29	4	1	28	1
	69	13	11	58	13

It appears from this statement that of 15 cases in which opium constituted the principal remedy, 6 died; whilst of 54 in which opium was used not at all, or only incidentally and in small quantities, only 5 died. Still further, if we separate from these 54, the 9 cases in which the treatment was eclectic, and in which the mortality seems to have arisen from the combination of acute disease, we have a remainder of 45 cases, of which only 2 were fatal. Again, if we compare the mortality of those cases in which opium was pushed to the full extent advised by writers on this disease, with those in which no active remedy was employed, we have a mortality of 1 in 2, against a mortality of only 1 in 29.

This difference in the results of treatment would seem altogether too great to be attributed to accident, and goes far to establish the truth of the opinion formerly expressed, that opium given in large doses is actually injurious to patients laboring under delirium tremens. But

even admitting it as possible that the great proportion of fatal cases occurring where opium was used, was accidental, it certainly, I think, will not be contended that the favorable termination of the cases not treated by opium, was also owing to accident. And it will certainly follow that opium, if not absolutely injurious to these patients, is at least useless, and that our success in this disease will be sufficiently satisfactory without it.

The examination which has been made of these cases has led me to the notice of some other circumstances relating to the history and treatment of delirium tremens, which it may be worth while to record.

And first, it appears that a case of this disease is not often fatal unless some other affection is present, which is in itself dangerous, and liable, even without its complication with delirium tremens, to prove fatal. Of the 11 fatal cases above recorded, 7 or 8 were of this character. It is not, however, always in our power to be certain of the existence of such a combination, since the effect of the delirium is to absorb or over-shadow whatever other affection may co-exist, and thus to obscure its symptoms and prevent us from recognizing its presence. It may have been possible, therefore, that in the other fatal cases where no such combination was apparent, it may have existed. But it is still worthy of remark that of the fatal cases occurring among patients who were presumed to be free from any such combination, two, if not three, were of those who were subjected to the full opium practice.

2. In three of the fatal cases death took place after the patient had slept. We have been taught to rely on the occurrence of sleep as a pretty certain indication of a favorable termination. It would appear, however, that to this indication there are many exceptions. Neither is the occurrence of sleep in favorable cases always followed by a termination of the paroxysm. Eight patients slept more or less during the continuance of the disease; awaking to exhibit all the symptoms which had previously existed.

3. Convulsions have been considered an unfavorable symptom in delirium tremens; but of 9 patients in whom they occurred, only two were among the fatal cases. I will not assert positively that all the instances in which they took place were noted, yet I do not think they were often omitted. Especially it is probable that they were not overlooked in the fatal cases. Hence, if there be any error, it is one which would diminish rather than increase the ratio of mortality among the cases presenting this symptom.

4. General bloodletting has been usually regarded as inadmissible in the treatment of delirium tremens, and is, by some, thought highly injurious. Thirteen patients were bled from the arm, at some period in the course of their disease. Of these only two died, and these were both affected by peripneumony. This would seem, at least, to show that bleeding is not a dangerous remedy, since the cases in which it was employed were principally those in which there was a combination of some acute disease with the delirium; in which class of cases, as already observed, very much greater danger exists than in those in which the delirium is uncombined.

Boston, April, 1838.

LITHOTOMY—RECENT OPERATION ON A FEMALE.

[Communicated for the Boston Medical and Surgical Journal.]

A. S., a deaf and dumb, married woman, æt. 33 years, presented herself on the 7th February, 1838, for admission into the private hospital of my medical instructer, Dr. Twitchell. On examination, this patient was found to present the ordinary symptoms of urinary calculus; and on the introduction of the sound, a stone was distinctly felt. The urethra was exquisitely tender, the introduction of a common-sized catheter causing great pain; and an application was made of an ointment containing ext. belladonnæ and plumb. acet., with the view of diminishing this morbid sensibility. The usual attempt to extract the stone by dilating the urethra was made; but on account of its large size, and the tenderness of the urethra, its removal, by this means, was not effected; and the operation of lithotomy was decided upon.

The operation was performed on the 13th February. The patient having been placed on the table and bound in the usual manner, the bladder being full, a sound was introduced and the position of the stone ascertained. It occupied the same place as when first sounded, and was not moveable. The sound was then withdrawn, and a grooved staff introduced in its place. Two fingers of the left hand of the operator being in the vagina to protect that from injury, the beak of the gorget was introduced into the groove and pushed along through the whole course of the urethra, dividing it laterally. The staff and gorget having been withdrawn, a small pair of forceps was introduced; and the stone was readily found and grasped, and easily extracted, though it was slightly adherent to the bladder. The hemorrhage was trifling.

The patient was put to bed, and an opiate was directed. No dressings or stitches were made; but she was kept on the back with the thighs drawn together. On the third day after the operation, an examination was made by introducing a catheter into the urethra and the fingers into the vagina; and it was found that there was a perfect union. The patient amended rapidly; and on the 26th February went home, perfectly well, except that, on account of irritability of the coats of the bladder, she was unable to contain so large a quantity of urine as is usual.

I take the liberty to send you this account—not as being that of a very unusual or remarkable case—but from having noticed a report of a similar operation in the 7th No. of Vol. XVIII. of your Journal; in commenting upon which, the writer reprobates, very strongly, the method of operating pursued—ridiculing the idea that the urethra can unite under the circumstances—and asking if "the dividing the urethra does not perfectly destroy all chance of recovery?" In this case, at least, it did not. Many surgical writers on lithotomy say nothing of the operation on the female; but in answer to the inquiry, "is there any authority, to say nothing about common sense, in the matter?" I would refer him to Desault's Surgery; to Mr. Benjamin Bell's "System of Surgery;" and to Sir Astley Cooper's Lectures as reported by Mr.

Travers—authorities which no one will, probably, feel inclined to question. I am, Sir, most respectfully your obt. servt.

Keene, N. H., 6th April, 1838. CHARLES VOSE BEMIS.

LIGATURE OF THE PRIMARY ILIAC ARTERY.

LIGATURE of the primary iliac for aneurism of the external iliac artery, has, as far as we know, been performed three times. The first operation was successful in the hands of Valentine Mott, of New York; the second was performed by Mr. Crampton, of Dublin, but the patient died of hæmorrhage on the eighth day. In the third case, Mr. Guthrie tied the common iliac, for supposed aneurism, which, after the patient's death, turned out to have been fungus hæmatodes. We are happy in being able to communicate a second successful example of this formidable operation, which was recently performed at St. Petersburg, by M. Salomon.

Luc Padurbusr, 38 years of age, of good constitution, had received, six months before his entrance into the hospital, a kick from a horse in the left groin; soon after the injury a tumor appeared in the inguinal region, and increased so rapidly as to impede progression, within a short period of its appearance. The patient was transferred to a clinical ward on the 24th of May, 1837, and on examination the following particulars were noted:—Voluminous tumor, occupying the left inguinal region, not well defined; it extends four finger-breadths below Poupart's ligament, and as many above it; externally it reaches the anterior superior spine of the ileum, and internally it touches the linea alba and pubis. The pulsations of the tumor are very perceptible to the eye and touch; they are strongest at about two inches above the ligament; here the skin is very much distended and thin; the stethoscope detects a bellows sound. The tumor can be traced into the abdominal cavity, along the line of the external iliac artery, as far as its origin; on compressing the abdominal aorta the tumor becomes smaller, and its pulsations cease. The patient keeps the thigh flexed; the least attempt at extension causes severe pain, which shoots along the external side of the thigh to the ham and leg. Pulse quick and full. The nature of the disease and the necessity of an operation being manifest, the latter was performed on the 26th of May, in the following manner:—

An incision, four and a half inches long, was made on the left side of the abdomen, extending from the anterior superior spine of the ileum to within an inch of the last false rib. The incision was commenced at an inch on the inner side of the spinous process, and ran in a parallel direction with the inferior (*internal*) epigastric artery. The superficial fascia and the fleshy fibres of the abdominal muscles were next divided in the same direction, and Cooper's fascia brought into view. A small opening having been made into this fascia, it was divided for some extent, at lower part of the wound. The peritoneum now lay bare, and was carefully separated, with the finger, from the fascia covering the iliacus muscle, and then from the psoas muscle. An assistant now fixed

the peritoneum and intestines, by pressing them with the index finger against the upper part of the wound, and this done, the operator continued to separate the peritoneum, until he arrived at the common iliac artery; the pulsations of the vessel, which appeared to be healthy, were distinctly felt under the finger. Having ascertained, with precision, the exact direction of the artery by means of the touch (for it was impossible to see it in the bottom of the wound), the operator now separated the iliac vein from the artery with the left index finger, and then succeeded in passing an aneurismal needle along the same finger, under the artery. The vessel was completely isolated from surrounding parts, with the aid of the needle, and then, by means of Deschamp's elastic needle, a ligature was passed round it, from the inner to the outer side. The ends of the ligature were tightened with the common double knot, and brought out at the nearest part of the wound. This step of the operation was not attended with any difficulty. On tying the knot pulsation ceased in the tumor, and it rapidly diminished in volume. The edges of the wound were brought together by strips of adhesive plaster; some pledgets of lint were placed along it, and the whole supported by a common bandage. The patient lost very little blood during the operation, as none of the vessels divided required a ligature.

On the evening of the 26th the pulse was quick and full, but the patient expressed himself much relieved. Fourteen ounces of blood were taken from the arm, and fifteen drops of laurel water administered every three hours. Lemonade for drink; draught containing cream of tartar at night.

27. Pulse quick; no stool. An evacuation was produced by the administration of some castor oil. The lower extremity, which was at first cold, is now warm. The patient now complains of pain in the inner side of the knee, which is swollen, hot, and red; ten leeches to the affected part; warm fomentations.

29. The inflammation of the knee has diminished; the skin here is much cooler than on the 27th; a superficial gangrenous eschar has formed over the fifth metatarsal bone. Some lint, moistened with spirits of turpentine and camphorated spirit of wine, was immediately applied to this point. The general condition of the patient is favorable; he has slept several hours; pulse less quick.

30. The patient has slept tranquilly during the night, and feels himself strong; pulse soft, 80; skin cool; tongue clean; stools natural; the left lower extremity is warm; the aneurismal tumor has considerably diminished in size. On removing the dressings the wound presents a favorable aspect; the greater portion of it is united by the first intention; a small portion near the ligature furnishes pus, which is of good condition. As the swelling at the knee had again become painful, twelve leeches were applied.

31. Has passed a quiet night; the knee less painful; the eschar on the foot is limited, but a similar eschar has formed over the skin covering the patella, which is inflamed. Suppuration of the wound continues slight.

June 2. Tumefaction of the knee is more painful; twelve leeches

applied, which removed it altogether. Another small superficial eschar occupies the external part of the sole of the foot. The general condition of the patient, and that of the wound, are most satisfactory.

From this period the patient continued to improve, and near the end of June the tumor had subsided to one quarter of its original volume, being converted into a hard, solid mass. The temperature and sensibility of the limb were normal, except at the toes and sole of the foot, which still remained numbed. The whole of the gangrenous spots are healed. On the thirty-second day after the operation the ligature came away, and the wound then quickly healed in its whole extent. At the expiration of two months the patient was completely cured.

The principal difficulty which the operator has to overcome in taking up the primary iliac, depends on the depth at which the vessel is situate in the cavity of the abdomen. M. Salomon considers the incision which he made parallel to the epigastric artery, as the most eligible one, inasmuch as it permits the surgeon to get at the vessel easily, without separating too much of the peritoneum. Valentine Mott made a semi-lunar incision, similar to the one which Sir A. Cooper recommends for ligature of the external iliac. Other surgeons advise us to make the incision along the spine of the ileum, but this method renders it very difficult to pass a needle round the artery, and compels the operator to separate the peritoneum to a great extent.—*French Gazette.*

SELECTIONS FROM FOREIGN JOURNALS.

Value of Vaccination as a Preventive of Smallpox.—After giving a table of the total deaths under ten years of age, and the deaths under ten from smallpox, in Glasgow, for thirty years, and divided into three equal periods, Dr. Cowan observes:—

The ravages of smallpox were never before more vividly illustrated than in the foregoing table.

In the first period of ten years, the total deaths under ten years of age amounted to 9919, and the deaths from smallpox to 3466, being 34.94 per cent., or rather more than one third of the whole deaths under ten.

In the second period, the total deaths under ten are 9080, and the deaths from smallpox 2894, or 31.87 per cent.; and in the last period, the total deaths under ten are 20,913, and the deaths from smallpox 1913, or only 9.28 per cent.

The saving of human life in infancy by the introduction of vaccination is thus most satisfactorily established, as the table shows an improvement to the extent of 25 per cent., and if to this be added the lives saved above ten years of age, which we have no means of exhibiting from the Glasgow Mortality Bills, we will be able to judge of the benefits conferred on society by Jenner.

The immunity of the Irish from smallpox is a remarkable fact. Dr. Cowan attributes this, and, we think, justly, to the general practice of vaccination among the lower classes by the surgeons of the county

infirmaries and dispensaries of Ireland. Out of 95 patients treated by Dr. Cowan in 1836, four only were natives of Ireland; while 91 were Scotch, of whom 70 were Highlanders, and 21 natives of the Lowlands. A very large proportion of the Highlanders were from the remote islands, and all had recently arrived in Glasgow. Fifty-five of the patients had apparently been vaccinated; but forty never had the operation performed. No death occurred in any individual who presented the appearance of having been properly vaccinated.—*Dublin Jour. of Med. Scien., &c.*

Solubility of Oxide of Lead in Water.—According to Bonsdorff, the oxide of lead, when prepared either by the wet way, viz., the action of water containing air upon metallic lead, or by the dry way, from nitrate of lead, is completely soluble in water. One part of lead requires 7000 of water for solution, which is not so inconsiderable when we remember that one part of magnesia requires above 5000 parts of water to dissolve it. The solution of oxide of lead in water possesses a strong alkaline re-action, both on fernambuc and violets, and is an excellent test for carbonic acid.—*London Lancet.*

Respiration of the New-born Child.—Dr. Kind explains the first inspiration of the new-born child as a reflex function produced by stimulation of the integumentory covering, because this function is exercised even in cases where the brain is totally absent. This power of stimuli applied to the skin, to excite the activity of the respiratory muscles, finds an application in the well-known practice of throwing cold water on, tickling the skin, &c., in cases of suspended animation.—*Ibid.*

Analysis of Iron Ores.—Berzelius states the following to be a rapid mode of analyzing these ores. He boils them with chloride of copper, slightly acidulated with muriatic acid, then on boiling the residue with carbonate of soda, washing the result, drying and weighing, its weight indicates that of the carbon.—*Ibid.*

Assafœtida in Hooping Cough.—Dr. Dürr strongly recommends the use of assafœtida in the form of clyster in cases of hooping cough. The period of the disease is considerably abridged by this remedy; and after a lapse of two, or at most, three weeks, the cough becomes so mild, that all danger of consequent affection of the lungs is almost entirely prevented.—*Ibid.*

Croton Oil as an External Irritant.—M. Boileau has lately addressed a memoir to the Royal Academy of Medicine, on the effects of croton oil in certain chronic affections of the stomach, particularly in gastralgia. The conclusions at which the author arrives, are drawn from seven cases of individuals affected, for a considerable time, with pains about the region of the stomach, with or without vomiting, fever, general emaciation, &c. One case was that of a pregnant woman, whose stomach was unable to contain any kind of substance, whether solid or liquid. A second was relative to a child who labored under very violent gastralgia. Both the patients were cured in a brief space of time, by repeated frictions of croton oil (eight drops) over the epigastrium. In children, the application of the croton oil generally produced purging and an eruption of small pustules over the part. It is necessary that the oil employed should be unadulterated.—*Jour. de Con. Med. Chir.*

Human Milk.—M. Donné, who has lately paid considerable attention to the composition of the human fluids, thus expresses the composition of milk:—

"Milk is a fluid holding in solution lactic sugar, salts, a small quantity of fatty matter, and of caseum; and, in suspension, a number of globules composed of butter, which are of various sizes, and soluble in ether.

"The first milk, or *colostrum*, contains, in addition, particular bodies, which M. Donné designates 'granular;' these latter do not disappear entirely before the end of the first month after delivery; they sometimes, however, continue beyond that time. In cases of abscess of the mammæ, the milk sometimes contains pus, and may contain blood."—*French Lancet.*

Hydriodate of Iron in Discharges from the Nose.—June 21, 1836, a little girl, two years old, was brought to me by her mother, who said the child had from her birth been affected with difficulty of breathing, which sometimes in the night almost amounted to strangulation, deglutition, at times, also much impeded, and latterly alteration in the voice. She states that a fortnight before a thick, puriform secretion was discharged from both nostrils, which continued without intermission. After clearing the bowels with mercurial purgatives, I ordered a scruple of hydriodate of potash, in four ounces of water, gradually increased to two scruples, a portion of which to be injected up the nostrils three times a day; also a mixture containing sixteen grains of the hydriodate in two ounces of camphor mixture, two teaspoonfuls to be taken three times a day; which injection and mixture she continued till the beginning of August, when she became quite well, and has never had any return.—*G. Fayrer, in Lancet.*

Malignant Hydrosis.—I delivered Mrs. H——, says a "Medical Practitioner," in the Lancet, at noon on Sunday, of a stillborn child, her third, and had the satisfaction of finding her doing well on my visit in the evening, and again on the following day, no flooding or any bad symptom occurring during the thirty-six hours following delivery. On Tuesday morning, at 9 o'clock, I was requested to see my patient as early as possible in the day. I immediately visited her, and was informed by the nurse that her mistress had passed a very restless night. I found her complaining principally of restlessness; there was slight tenderness around the umbilicus; the tongue was slightly coated; the pulse 100 beats in the minute; the skin very moist; the urine had been freely secreted and voided; the lochia plentiful and not offensive, no secretion of milk; the bowels had not been moved. I ordered twelve leeches to the abdomen, to be followed by hot linseed-meal poultices, and three grains of calomel, with one of opium, every three hours; half an ounce of castor oil to be given every second hour until the bowels should be moved.

At two o'clock she was relieved of the tenderness which had existed five hours previously; countenance looking better; she was jocular indeed; the perspiration was, however, much more profuse, and the pulse had risen to 120; she expressed herself as feeling very comfortable, the perspiration only annoying her; no sickness; she partook

freely of gruel; ordered her to continue the pills and oil, and desired the nurse to acquaint me with the progress of the case at six o'clock. At that hour the nurse came to my house, and stated her mistress felt herself better, but the bed-clothes were saturated with perspiration. At eight o'clock I visited, and to my utter dismay found my patient moribund, the pulse countless, dreadful anxiety depicted in the countenance, cold extremities, most profuse cold perspiration, the whole of the bedding saturated therewith; abdomen tympanitic, the bowels had not been moved; she was perfectly sensible, and aware her end was approaching. Stimuli were freely administered, but to no pupose; she sank within an hour, speaking in a calm tone to the last.

Case of Excision of the Spleen.—The subject of this case was a stout and healthy man, of about thirty years of age, who was gored by a buffalo, in the Morung Forest, which produced a horizontal wound, of about two inches in length, through which the spleen protruded, and remained in that state for six days, when the patient, to seek medical relief, rode into the station, a distance of fourteen koss, and put himself under Dr. M'Donell's care. A ligature was, in the first instance, applied, with the view of interrupting the circulation, and thereby removing the mass; but, on further consideration, he determined to excise the protruded viscus, which being done, and ligatures applied to two bleeding vessels, with simple dressing, and rest in the horizontal posture, the case rapidly recovered.

It is now two months since the operation was performed, and the man as yet enjoys his usual health.—*Trans. of the Med. and Phys. Society of Calcutta*, Vol. VIII., Part 1.

Absence of the Lung.—On examining the body of a child, six weeks of age, affected with cyanosis, and who died of cerebral congestion, Dr. Hein found a complete absence of the right lung; only a rudiment of the right bronchus existed; the right pulmonary artery and vein were also absent; the septum of the ventricles imperfect; the aorta arising from both ventricles; the foramen ovale and ductus arteriosus open.

GOUT.

Dr. Chapman, of Philadelphia, in an excellent lecture on arthritis, or gout, which is published in the Medical Examiner, has the following remarks.

"As indispensable, let me insist on a strict, undeviating adherence to a moderate diet. Medical authority, however, differs as to the kind of food. By Redi, Starke, Lobb, &c., the exclusive use of vegetables is strenuously advised, while Brown and his disciples as strongly urge its being the reverse. Both are wrong. The lowest and most abstemious diet will sometimes be exacted, and on other occasions, the cordial and generous. Limitation in quantity is, perhaps, of as much consequence as the quality of the nutriment. Discrimination is no less to be made in relation to drinks. To some, water alone should be allowed, and others will require a small portion of wine, or of ardent spirits. The

great purpose is to preserve soundness of the digestive and assimilative functions, and the course of living must be accommodated accordingly.

"Equally important is it, that habits of indolence, or even of too intense application to study, or any other sedentary occupation, be exchanged for those of activity and exercise. 'Many,' says Hoffman, 'have lost their gout with their fortune,' by turning, no doubt, at the same time, from luxury and lazy enjoyments, to laborious pursuits. The eccentric Mr. Abernethy being asked, by a nobleman, what would prevent gout, replied in his usual sententious manner: 'My Lord, live on sixpence a day, and earn it.' These are aphorisms, which, though uttered with some exaggeration, contain a vast deal of wisdom, and might be adopted, with proper qualifications, as a rule of life in reference to the object in view.

"By one of the sages of our profession, gout has been pronounced as proceeding entirely from 'vexation of spirit.' Not agreeing entirely with him, the immense influence of moral causes in the origination and maintenance of the disease, seems to be universally admitted. Every emotion or passion, whether of tempestuous excitement, or the reverse, depressive, or worrying and irritative, has such an effect. Equanimity is hence to be cultivated, and which will be most successfully done, by resorting to those sentinels which philosophy places over us, to protect against the incursions of the evil dispositions by which the soul becomes agitated or disturbed. Nourished by unresistance, a fretted or exasperated temper is held to be especially baneful, and hence, above all, the injunction of the wisest of mortals, should be remembered: 'Let not the sun go down on thy wrath.'

"Yet, admonished as they may be, we shall find our patients, for the most part, reckless of advice; and, like those of the divine, or moralist, our preachings, too often, leave only an evanescent impression. The victims of gout are, also, usually the votaries of sensual gratifications. By the ancients, who, under the shadow of an allegory, often conveyed a truth, the disease was held to be the progeny of the divinities of love and debauchery. To such persons, as I have alluded to, we shall in vain hold the language of remonstrance, or deliver injunctions to reformation, when opposed by the attractions of the festive board, the seductions of luxurious ease, and the other fascinations and enjoyments of sense and appetite. Ease, in such cases, retracts the vows made in pain, and exclaims, with the voluptuous poet of antiquity, '*Vitam faciunt balnea, vina, venus.*'

"It remains only to add, that, in gout, the paroxysm may sometimes be warded off, if, on the first signs of its approach, a purge be taken. The same good effect I have also known from repeated doses of the alkalies, or magnesia, the prepared oyster-shell, or other antacids, and also by the use of colchicum.

"An allusion has already been made to the denunciation of the latter article under any circumstances, and more especially, to anything like an habitual employment of it. But these apprehensions, I must think, are unfounded, and certainly to the extent to which they have been expressed, by some of the European writers. Much as I have pre-

scribed it, never have I known any pernicious effects from it, and I believe that it may be always so regulated, as to prove a perfectly safe remedy. It is generally taken in the small dose of ten or twenty drops daily, morning and evening, when any slight indications of gout exist, increasing the quantity considerably, on a stronger manifestation of an attack.

BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, APRIL 18, 1838.

THE PHILADELPHIA SYSTEM OF MIDWIFERY.*

A PRACTITIONER of some eminence declared, the other day, that he would not read a modern treatise on midwifery, because, in this age, every ostensibly new book upon that subject, is but a repetition of every old one extant, remodeled. To some extent, this is true; yet this staunch determination not to admit that improvement has been made in this, as in all other departments of medicine, is just as unwise as it would be to refuse to admit that any changes have been made in horticulture or the mechanic arts, or any new methods devised in studying the sciences. It cannot be denied that the obstetric art has undergone improvements within a few years. Much of the mystery of management has been discarded—the strange preparations for a coming event, which belong to no nomenclature of disease, are now dispensed with—and the transcendant advantages arising from minute anatomy, never so well understood as at the present moment, give new and increasing value to every succeeding work. On these accounts, therefore, aside from various other considerations, all recent publications, if they contain a condensed view of all that has preceded them, and embody in themselves the latest improvements and discoveries, are entitled to a very special notice. No man can conscientiously practise midwifery, or any other branch of medicine or surgery, we should suppose, who does not keep pace with the age in which he lives. Notwithstanding the common observation, that, with all our science, in savage life it rarely happens that an infant is lost, while the whole history of civilization, so far as the records of medicine are concerned, is a melancholy comment on the imperfection of the healing art, it is no argument against the utility, or indeed the necessity, for these publications. Civilization carries in its train a host of vices which war against health, and peril, in a remarkable manner, the lives of women. But we are insensibly reasoning against a crude personal opinion of a neighbor, when, in fact, it is our design to recommend a new and neatly executed work on practical midwifery.

Because it contains, probably, the results of the experience and views of the practitioners, professors and lecturers on obstetrics, which the author has brought together into a portable form, it is denominated the "Philadelphia Practice of Midwifery." Aside from its typographical execution, which is remarkably neat, a characteristic of the Philadelphia press, it is altogether a very desirable and acceptable treatise. The

* The Philadelphia Practice of Midwifery, by Charles D. Meigs, M.D., Lecturer on Midwifery and the Diseases of Women and Children, &c., with numerous engravings. Philadelphia: James & W. Kay & Brothers, 1838. 8vo., p. 370

plates, however, are not what they should have been. We entertain an absolute contempt for wood engravings, even the masterpieces of xylography from the hand of Bewick himself. As only a few medical books, comparatively, have their origin in America, for the sake of appearance, if it is necessary to accompany a text with drawings, they should be the very best that can be procured.

We might give a more minute account of this volume, were it necessary to force it into notoriety; but it requires no factitious aid at the hands of the craft. Its merits will be appreciated by all those at all concerned in the successful and honorable practice of midwifery.

A New Quarterly Journal of Medicine.—A correspondent, residing at New Orleans, writes, under date of March 26th, that a new quarterly on medicine is contemplated by one of the medical societies of that city, which will probably be sought for by the physicians over the United States. It is very extraordinary that the undertaking was not commenced years ago. The hospital reports alone would be extremely valuable. Whenever the contemplated work appears, the subject will be again reverted to.

Decrease of Mortality from Smallpox.—Some tables, taken from the London bills of mortality, have lately been presented to the Westminster Medical Society, which show the decrease of mortality in London, from smallpox, with the progressive increase of vaccination. Five tables, containing 15 years each, were shown, from the first of which, from 1706 to 1720, prior to smallpox inoculation, it appears that in every 1000 cases of that disease there were 78 deaths. The two next tables refer to the period after smallpox inoculation was introduced; in the first table, from 1745 to 1759, in every 1000 cases there were 89 deaths; in the second, from 1784 to 1798, 90 9-10ths deaths. The other two tables refer to times since vaccination has been introduced; in the first, from 1804 to 1818, in every 1000 cases there were 53 deaths; in the second, from 1819 to 1832, 32 deaths.

The Blue Pill in Neuralgia.—A letter from a gentleman in Geneva, N. Y., has been published in the newspapers, which details the case of an individual who had suffered the most excruciating agony for twelve months, from what was considered neuralgia, but who, at the end of that time, was speedily cured by the use of a pill composed of 3 grs. of pil. hydrarg. and 1 gr. ext. stramonium. One of these was ordered to be taken every night, at bed-time, until the gums were a little affected, then leave off for a few days, and resume. In a fortnight the cure was said to be perfect. He has been threatened several times since with a return of the complaint, but a resort to the same remedy has uniformly prevented it.

Secondary Aneurism.—A patient was admitted, last year, into the Swansea (Eng.) Infirmary, with popliteal aneurism in both hams—that in the right being the largest. The femoral artery was tied on the right side, the following morning, with complete success. Two months after, the femoral artery in the left limb was tied, and the pulsation in the tumor

was, as in the first instance, arrested immediately. The wound healed by the first intention, as before, but in two or three days a pulsatile movement was perceived in the tumor, which was found to indicate secondary aneurism. In seven weeks the ligature was detached, with the knot and ring entire, and evidently showed that circulation could not have been carried on through the trunk of the artery. He was kept in bed several weeks, the tumor gradual decreasing, when he was discharged. Eight months after, he appeared perfectly well.

Medical Miscellany.—Pleurisy is quite prevalent in the District of Columbia.—Dr. Caldwell is about giving a course of lectures on phrenology at New York.—Dr. James R. Manly, of New York, has received an appointment by the Governor of that State.—Dr. Stevens's Lectures on Lithotomy are eagerly sought for by the profession.—A book called the Phrenological Guide, illustrated by plates, has been published at Albany, by Mr. Barlow.—A fine stand for a physician, in the country, worth from 800 to $1000, with a house and six acres of land, may be found by application to the editor.—Dr. Ferguson, of Millpoint, Mississippi, has been killed in a duelling quarrel.—At the commencement of the University of Pennsylvania, on the 6th inst., the degree of M.D. was conferred on 157 gentlemen.—Dr. Leonard is the acting surgeon of the expedition, sent by the Government, for exploring the Everglades and southern coast of Florida.—Dr. Daniel Edbert, Acting Surgeon of the U. S. Schooner Shark, has arrived at Norfolk from Mahon.—Dr. Napoleon Duchesnois, a Canadian refugee, represented as an estimable and skilful physician, has established himself in Boston.—The external contact of India rubber is said to be excellent for sore throat, when worn in the form of a band.—Dr. Skinner arrived at Moravia, Africa, safely and in health, on the 12th of January. Dr. David Francis Bacon is the principal Colonial Physician.—Deaths in the Marine Hospital, at Chelsea, the last quarter, only *four*; the whole number of patients was *eighty-two*.—Dr. Flint has resigned his situation of physician to the House of Correction, in this city, and Dr. Winslow Lewis, Jr. elected to the office.—A medical student at Louisville fired four charges, from a repeating pistol, at a stage driver, fortunately without injuring his intended victim.—From 1816 to 1835, 103,189 foundlings were received at the hospital in Paris, out of which number there died, in the same time, 80,764; one in five were saved. Each child placed in the country by the hospital, costs the annual sum of 100 francs.—Dr. D. Gilbert has been elected lecturer on anatomy and physiology in the Pennsylvania College at Gettysburg.—Report says that the Secretary of the Navy seriously proposes to dispense with surgeons in the naval service on some of the *healthy stations*, on the score of economy.—In press, and will appear this month, with one hundred engravings, Cutler on Bandages.—One hundred and three medical students were graduated at the Jefferson Medical College, Philadelphia, at the close of the late term.—Dr. Wallace, surgeon of the Jervis Street Hospital, Dublin, died lately in that city, of typhus fever. Some highly interesting researches made by him, on the structure of the negro's skin, were published a short time since, in the London Lancet.—In the Military Hospital at Antwerp, gonorrhœa is said to be generally cured in three days, by a daily injection, per anum, of half an ounce of balsam of copaiba, ten drops of tincture of opium, and six ounces of infusion of althæa.

Whole number of deaths in Boston, for the week ending April 14, 27. Males, 13—Females, 14.

Consumption, 4—lung fever, 3—inflampation of the lungs, 1—canker, 1—child-bed, 2—marasmus, 1—pleurisy, 1—accidental, 1—erysipelas, 1—scarlet fever, 1—hydrocephalus, 1—dropsy on the brain, 1—abscess, 1—feebleness at birth, 1—hip complaint, 1—tumor, 1—stillborn, 3.

CLASS BOOK OF ANATOMY.

THE third edition of this useful guide for medical students, in elementary anatomy and physiology, by Dr. J. V. C. Smith, may be had, ordered by mail, of the publisher, R. S. Davis—Joy's Building—No. 77 Washington Street. A18—tf.

RETREAT FOR INVALIDS.

THE profession is respectfully informed that Dr. A. R. WILDER has purchased a large and convenient house in the pleasant town of Groton, Mass., likewise suitable carriages, horses, saddles, &c., for the accommodation of nervous invalids. A18—m3os

FALLING OF THE WOMB CURED BY EXTERNAL APPLICATION.

DR. A. G. HULL'S UTERO-ABDOMINAL SUPPORTER is offered to those afflicted with *Prolapsus Uteri, or Falling of the Womb*, and other diseases depending upon a relaxation of the abdominal muscles, as an instrument in every way calculated for relief and permanent restoration to health. When this instrument is carefully and properly fitted to the form of the patient, it invariably affords the most immediate immunity from the distressing "*dragging and bearing-down*" sensations which accompany nearly all cases of visceral displacements of the abdomen, and its skilful application is always followed by an early confession of radical relief from the patient herself. The Supporter is of simple construction, and can be applied by the patient without further aid. Within the last three years nearly 1500 of the *Utero-Abdominal Supporters* have been applied with the most happy results.

The very great success which this instrument has met, warrants the assertion, that its examination by the physician will induce him to discard the disgusting Pessary hitherto in use. It is gratifying to state that it has met the decided approbation of Sir Astley Cooper, of London, Edward Delafield M.D., Professor of Midwifery, University of the State of New York, of Professors of Midwifery in the different Medical Schools of the United States, and every other Physician or Surgeon who has had a practical knowledge of its qualities, as well as every patient who has worn it.

The public and medical profession are cautioned against impositions in this instrument, as well as in Trusses vended as mine, which are unsafe and vicious imitations. The genuine Trusses bear my signature in writing on the label, and the Supporter has its title embossed upon its envelope.

AMOS G. HULL, Office 4 Vesey Street, Astor House, New York.

The Subscribers having been appointed Agents for the sale of the above instruments, all orders addressed to them will be promptly attended to. LOWE & REED,

Jan. 3. 1yreop 94 Merchants Row, Boston.

TO MEDICAL STUDENTS.

THE undersigned are associated for the purpose of instructing in all the branches of Medicine and Surgery. A suitable room will be provided, and pupils will have the use of an extensive medical library, opportunities for seeing the practice of one of the districts of the Dispensary and of the Eye and Ear Infirmary, and of attending a course of lectures on the diseases of the eye.

A regular course of recitations and examinations will include all the required professional works. Anatomical instruction and private dissection will form a prominent part in the study of the pupils. For further information, apply to either of the subscribers.

JOHN JEFFRIES, M.D.
R. W. HOOPER, M.D.
JOHN H. DIX, M.D.

Franklin Street, Nov. 9, 1836. July 19—6m

MEDICAL INSTRUCTION.

THE subscriber proposes to take a few medical students, and to connect a small school with his private establishment for the treatment of invalids and for surgical operations. He has procured convenient rooms, and has secured the necessary facilities for anatomical inquiries and demonstrations. His pupils will also have the privilege of witnessing such interesting and important cases as occur in the private practice of a country physician and surgeon. JOSEPH H. FLINT.

Springfield, January, 1838. Jan. 17.

DR. LEWIS requests those who have books belonging to him, to return them immediately at his residence, No. 80 Boylston Street. 4t—A4

CAPSULES OF COPAIBA.

M. A. MOTHES, of Paris, has lately invented, and now offers to the medical faculty, a method of administering the Balsam of Copaiba without taste or smell.

The pure balsam is enclosed in capsules of gelatin, which completely cover its taste and flavor, so that they may be swallowed with as much ease as any nice confection. They each contain eighteen grains of the balsam, so that the dose can be measured with great ease; they dissolve readily in the stomach, and are sure not to pass off by the intestinal canal, as is almost always the case with the solidified copaiba. These capsules are highly commended by the medical journals of Paris, and M. Mothes has the favorable testimonials of Drs. Segalin, Rostan, Ricort, Desruelles, Cullerier; Baron Alibert, MM. Lisfranc & Marjolin, who daily prescribe them, and who, in their lectures, have given a the highest praise to his preparation. They are neatly put up in oval paper boxes, containing thirty-six, and are sold in Boston by the importer's agent, THEODORE METCALF

4t—M 28 Apothecary, *No.* 33 *Tremont Row.*

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